Cas	e 17-32225-ABA	Doc 24 Filed (	_	)4/04/18 15:06:52	Desc Main 4/04/18 12:54PI
Fill in this infe	ormation to identify your				
Debtor 1	Marc J. Mignano				
	First Name	Middle Name	Last Name		
Debtor 2	Jennifer L. McGu				
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	DISTRICT OF NEW JE	RSEY		
Case number	17-23335			_	
(if known)					Check if this is an amended filing
Official F	Form 106Sum				
<b>Summary</b>	of Your Assets	and Liabilities ar	nd Certain Statistic	al Information	12/15
information. F	ill out all of your schedul	es first; then complete th	e are filing together, both are ne information on this form. k the box at the top of this p	If you are filing amended	
Part 1: Sun	nmarize Your Assets				
					Your assets
					Value of what you own

3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....

Your total liabilities	\$ 446,738.3	8

## 

## Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

Schedule A/B: Property (Official Form 106A/B)

- No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- Yes
- 7. What kind of debt do you have?
  - Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
  - Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

239,000.00

31,200.00

223,738.38

Case 17-32225-ABA Doc 24 Filed 04/04/18 Entered 04/04/18 15:06:52 Desc Main

Document Page 2 of 7

Debtor 1 Marc J. Mignano
Debtor 2 Jennifer L. McGuckin-Mignano

Case number (if known) 17-23335

Takal alakas

8. **From the** Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

0.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

Fill	in this information to identify your c	ase:											
Del	otor 1 Marc J. Migu	nano				-							
	otor 2  Jennifer L. I	McGuckin-Mignano				-							
Uni	ted States Bankruptcy Court for the	: DISTRICT OF NEW J	ERSEY										
Cas	se number 17-23335						Check if thi	s is:					
(If kr	nown)		-				☐ An ame	ended	d filing	i			
							☐ A suppl 13 inco				ı postpetit Ilowing da		hapter
0	fficial Form 106l						MM / D	D/ Y	YYY				
S	chedule I: Your Inc	ome											12/1
atta	use. If you are separated and you ch a separate sheet to this form.  t1: Describe Employment  Fill in your employment												
١.	information.		Debtor 1				Debt	or 2	or no	n-fili	ing spous	se	
	If you have more than one job, attach a separate page with information about additional	Employment status	<ul><li>☐ Employed</li><li>■ Not employ</li></ul>	red			■ E	•	yed nploye	ed			
	employers.	Occupation	Disabled sir	nce 2012			Atto	rnev	,				
	Include part-time, seasonal, or self-employed work.	Employer's name							/ Firm	n			
	Occupation may include student or homemaker, if it applies.	Employer's address						_	-		wn Pike ig, PA 19		
		How long employed to	here?					В	egan	Apr	ril 2018		
Par	t 2: Give Details About Mor	nthly Income											
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing	to report fo	or ar	ny l	ine, write \$0 in	the s	space.	. Incl	ude your	non-1	iling
	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the inforn	nation for a	ll em	plo	oyers for that po	ersor	n on th	ne line	es below.	If yo	u need
							For Debtor 1				tor 2 or ng spous	•	
2.	List monthly gross wages, sala deductions). If not paid monthly,			. 2	2.	\$	0.0	00	\$		8,000.0	0	
3.	Estimate and list monthly overt	ime pay.		3	3	+\$	0.0	00	+\$		0.0	0	
4	Calculate gross Income Add lin	ne 2 + line 3		4	Г	\$	0.00		\$		000 00		

	otor 1 otor 2	Marc J. Mignano Jennifer L. McGuckin-Mignano	_	Ca	ase number (if known)	17-233	335	
	Cor	by line 4 here	4.	F	For Debtor 1		ebtor 2 or iling spouse 8,000,00	
		,,		,	0.00	· —	0,000.00	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	1,600.00	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00	
	5d.	Required repayments of retirement fund loans	5d.	\$		\$	0.00	
	5e.	Insurance	5e.	\$		\$	0.00	
	5f.	Domestic support obligations	5f.	\$		\$	0.00	
	5g.	Union dues	5g.	\$	0.00	\$	0.00	
	5h.	Other deductions. Specify:	5h.+	+ \$	0.00	+ \$	0.00	
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	1,600.00	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	6,400.00	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00	
	8b.	Interest and dividends	8b.	\$		\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependen regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$		\$	0.00	
	8d.	Unemployment compensation	8d.	\$		\$	0.00	
	8e.	Social Security	8e.	\$		\$	992.00	
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Social Security for children  Pension or retirement income	e 8f. 8g.	\$		\$ 	0.00	
	8h.	Other monthly income. Specify: Family contribution	8h.+			· ·	0.00	
	011.	Talling Contribution			1,000.00	· —	0.00	,
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	3,904.00	\$	992.00	
40			40					
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	_	3,904.00 + \$	7,39	2.00 = \$ 1·	1,296.00
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedul ude contributions from an unmarried partner, members of your household, you er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are no cify:	ır depen		. •		hedule J. 11. +\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The re that amount on the Summary of Schedules and Statistical Summary of Certallies					12. \$ <b>1</b> ′	1,296.00
13	Do	you expect an increase or decrease within the year after you file this form	n?				Combine monthly	
		No. Yes Explain:						

						•		
Fill	in this informa	ition to identify yo	our case:					
Deb	otor 1	Marc J. Mign	nano			Chec	k if this is:	
	otor 2 ouse, if filing)	Jennifer L. N	/IcGuckin	n-Mignano				ving postpetition chapter the following date:
Unit	ted States Bankı	ruptcy Court for the	: DISTRI	CT OF NEW JERSEY		-	MM / DD / YYYY	
	nown)	7-23335						
O	fficial Fo	rm 106J						
Sc	chedule	J: Your	Exper	nses				12/15
Be info	as complete ormation. If m	and accurate as	possible eded, atta	. If two married people and the control of the cont				
Par		ribe Your House	hold					
1.	Is this a join							
	□ No. Go to							
		es Debtor 2 live i	in a separ	ate household?				
	■ N □ Y	. •	st file Offici	al Form 106J-2, <i>Expenses</i>	s for Separate House	ehold of Debt	or 2.	
2.	Do vou hav	e dependents?	□ No					
	Do not list D Debtor 2.	•	Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.			Son		9	■ Yes
							40	□ No
					Son		16	■ Yes
								□ No □ Yes
								□ No
								☐ Yes
3.	expenses o	penses include of people other to d your depende	han $_{oldsymbol{\square}}$	No Yes				
Der	4 O. Fatim			h. F				
Est	imate your ex	a date after the l	our bankr	y Expenses uptcy filing date unless y y is filed. If this is a supp				
the		h assistance an		government assistance i			Your exp	enses
		,						
4.		or home owners and any rent for the		ses for your residence. I or lot.	nclude first mortgag	e 4. \$		2,100.00
	If not include	ded in line 4:						
	4a. Real e	estate taxes				4a. \$		0.00
	4b. Prope	erty, homeowner's	s, or renter	's insurance		4b. \$		0.00
			•	ipkeep expenses		4c. \$		150.00
5.		owner's associat		dominium dues o <b>ur residence,</b> such as ho	me equity loans	4d. \$ 5. \$		0.00 0.00
Ο.	Additional		onto for yo	our residence, such as HU	and equity loans	υ. φ		0.00

	tor 1 Marc J. Mignano Jennifer L. McGuckin-Mignano	Case number (if known) 17-23335				
6.	Utilities:					
	6a. Electricity, heat, natural gas	6a. \$	200.00			
	6b. Water, sewer, garbage collection	6b. \$	0.00			
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	150.00			
	6d. Other. Specify: Cell phone	6d. \$	120.00			
7.	Food and housekeeping supplies	7. \$	600.00			
8.	Childcare and children's education costs	8. \$	150.00			
9.	Clothing, laundry, and dry cleaning	9. \$	100.00			
	Personal care products and services	10. \$	60.00			
	Medical and dental expenses	11. \$	60.00			
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare.	12. \$	350.00			
12	Do not include car payments.  Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$				
		14. \$	100.00			
	Charitable contributions and religious donations	14. Ф	20.00			
15.	Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.					
	15a. Life insurance	15a. \$	0.00			
	15b. Health insurance	15b. \$	1,200.00			
	15c. Vehicle insurance	15c. \$	110.00			
	15d. Other insurance. Specify:	15d. \$	0.00			
16	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.	10u.	0.00			
	Specify:	16. \$	0.00			
17.	Installment or lease payments:					
	17a. Car payments for Vehicle 1	17a. \$	0.00			
	17b. Car payments for Vehicle 2	17b. \$	0.00			
	17c. Other. Specify:	17c. \$	0.00			
	17d. Other. Specify:	17d. \$	0.00			
18.	Your payments of alimony, maintenance, and support that you did not report as		0.00			
	deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$	0.00			
19.	Other payments you make to support others who do not live with you.	\$	0.00			
00	Specify:	19.				
20.	Other real property expenses not included in lines 4 or 5 of this form or on Sche		0.00			
	20a. Mortgages on other property 20b. Real estate taxes	20a. \$ 20b. \$	0.00			
	20c. Property, homeowner's, or renter's insurance	20c. \$	0.00			
	20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00			
	20e. Homeowner's association or condominium dues	20d. \$	0.00			
21		21. +\$	0.00			
۷١.	Other: Specify:	ZI. TŌ	0.00			
22.	Calculate your monthly expenses					
	22a. Add lines 4 through 21.	\$	5,470.00			
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	·			
	22c. Add line 22a and 22b. The result is your monthly expenses.	<b>\$</b>	5,470.00			
			<u> </u>			
23.	Calculate your monthly net income.					
	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	11,296.00			
	23b. Copy your monthly expenses from line 22c above.	23b\$	5,470.00			
	22a Cubtrast vous monthly avanage from vous monthly income					
	23c. Subtract your monthly expenses from your monthly income.  The result is your <i>monthly net income</i> .	23c. \$	5,826.00			
	The result is your monthly not income.	- [-	,			
24.	Do you expect an increase or decrease in your expenses within the year after your for example, do you expect to finish paying for your car loan within the year or do you expect your modification to the terms of your mortgage?		crease or decrease because of a			
	■ No.					
	□ Yes Explain here:					

Fill in this infor	rmation to identify your	case:		
Debtor 1	Marc J. Mignano			
	First Name	Middle Name	Last Name	
Debtor 2	Jennifer L. McGu	ckin-Mignano		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	DISTRICT OF NEW JE	ERSEY	
Case number	17-23335			
(if known)				☐ Check if this is an amended filing
Official For		ın Individua	l Debtor's Schedules	12/15
If two married p	eople are filing togethe	r, both are equally respo	onsible for supplying correct information.	
		. ,	s or amended schedules. Making a false stat kruptcy case can result in fines up to \$250,0	, 0, 1, 3,

Sign Below

Date April 4, 2018

years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankrupte
---

■ No

Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice,
	Declaration, and Signature (Official Form 119

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Marc J. Mignano
Marc J. Mignano
Signature of Debtor 1

X /s/ Jennifer L. McGuckin-Mignano
Jennifer L. McGuckin-Mignano
Signature of Debtor 2

Date April 4, 2018

Official Form 106Dec